AMENDMENT TRANSMITTAL LETTER (Large Entity)  Applicant(s): Katsuni Sassid:  Serial No. 10/029,627	<del></del>					/	5/
Invention: SURGICAL OPERATION INSTRUMENT  TO THE COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA CLAIMS PRESENT FEE  TOTAL CLAIMS 20 20 = 0 0 x \$18.00 \$80.00 INDEP. CLAIMS 4 3 = 1 1 x \$86.00 \$86.00 Multiple Dependent Claims (check if applicable) \$0.00 INDEP. CLAIMS 4 3 = 1 1 x \$86.00 \$86.00 INDEP. CLAIMS 4 5 5 1 x \$86.00 \$86.00 INDEP. CLAIMS 5 1 x \$86.00 \$86.00 INDEP. CLAIMS 6 INDEP. CLAIMS	••	2004 Docket No. 5174					
TO THE COMMISSIONER FOR PATENTS:   Transmitted herewith is an amendment in the above-identified application.				•		Chaire.	•
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT TOTAL CLAIMS 20 - 20 = 0 X \$18.00 \$0.00  INDEP. CLAIMS 4 - 3 = 1 X \$86.00 \$86.00  Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$86.00  No additional fee is required for amendment.  Please charge Deposit Account No. 19-1013/SSMP in the amount of \$86.00  A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17.  Dated: June 17, 2004  Thomas Spinelli Registration No.: 39,533  Scully, Scott, Murphy & Presser 400 Garden City, NY 11530 (516) 742-4343	Invention: SUR	GICAL		·			
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT CLAIMS 20 - 20 = 0 x \$18.00 \$0.00   INDEP. CLAIMS 4 - 3 = 1 x \$86.00 \$86.00   Multiple Dependent Claims (check if applicable)			n amendment ir	n the above-identi	ified application.	,	
AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE  TOTAL CLAIMS 20 - 20 = 0 x \$18.00 \$0.0				CLAIMS A	S AMENDED		
TOTAL CLAIMS 20 - 20 = 0 x \$18.00 \$0.00   INDEP. CLAIMS 4 - 3 = 1 x \$86.00 \$86.00   Multiple Dependent Claims (check if applicable)						RATE	1
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<ul> <li>No additional fee is required for amendment.</li> <li>✓ Please charge Deposit Account No. 19-1013/SSMP in the amount of \$86.00</li> <li>✓ A check in the amount of to cover the filing fee is enclosed.</li> <li>✓ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP</li> <li>✓ Any additional filing fees required under 37 C.F.R. 1.16.</li> <li>☐ Any patent application processing fees under 37 CFR 1.17.</li> <li>✓ Dated: June 17, 2004</li> <li>Thomas Spinelli</li> <li>Registration No.: 39,533</li> <li>Scully, Scott, Murphy &amp; Presser</li> <li>400 Garden City Plaza</li> <li>Garden City, NY 11530</li> <li>(516) 742-4343</li> </ul>	Multiple Depender	nt Claim	s (check if appl	icable)			\$0.00
Please charge Deposit Account No. 19-1013/SSMP in the amount of \$86.00  A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP  Any additional filing fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Dated: June 17, 2004  Thomas Spinelli Registration No.: 39,533  Certify that this document and fee is being deposited on 6/17/2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, ALexandria, VA 22313-1450.  Thomas Spinelli Registration No.: 39,533  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP  Dated: June 17, 2004  Thomas Spinelli Registration No.: 39,533  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP  Dated: June 17, 2004				TOTAL ADDITIO	NAL FEE FOR THIS AME	ENDMENT	\$86.00
	Please change of the Direct communication in the Direct co	arge De the am tor is he cation or additiona catent ap  39,533  rphy & I Plaza	eposit Account Nount of ereby authorized recredit any over al filing fees requipolication proce	No. 19-1013/SSM to cover the d to charge payme rpayment to Depo quired under 37 C.	e filing fee is enclosed. ent of the following fees as osit Account No. 19-1013, E.F.R. 1.16. 37 CFR 1.17.  Dated: June 17, 2004	document an with 37C.F.R. 1.8 1450, At.exam	nd fee is being deposited on the U.S. Postal Service as first 3 and is addressed to the ndria, VA 22313-1450.

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Katsumi Sasaki

Examiner:

Vy Q. Bui

Serial No:

10/029,627

**Art Unit:** 

3731

Filed:

December 21, 2001

INSTRUMENT

Docket:

15174

For:

SURGICAL OPERATION

Dated:

June 17, 2004

Conf. No.:

5083

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **RESPONSE**

Sir:

In response to the Official Action dated March 29, 2004, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

06/24/2004 GWDRDOF1 00000043 191013 10029627

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86.00 DA

## **CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 17, 2004